Results: A total of 98 patients were included. Liver steatosis was diagnosed in 31 patients (31.6%) and was independently associated with male gender, BMI, ALT and total bilirubin levels. The prevalence of significant fibrosis assessed by TE, APRI and FIB4 was 26.9%, 6.4% and 3.2%, respectively. Seven patients had a TE result ≥7.1kPa. NASH was found in 5 (83.3%).

Conclusion: Among HIV infected patients undergoing ART, almost one third have NAFLD. Neither TE, APRI or FIB4 were able to act as surrogates for significant liver fibrosis. Nevertheless, TE ≥ 7.1kPa was able to accurately select a subgroup of patients at risk for NASH.

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P-3 IMPACT OF THE SUSTAINED VIROLOGICAL RESPONSE ON THE GLUCOSE METABOLISM IN PATIENTS WITH HEPATITIS C

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Introduction: Hepatitis C (HCV) is a systemic disease with hepatic and extrahepatic repercussions, its association with some diseases, such as hepatocellular carcinoma is well documented, however its relationship with glucose metabolism is still unclear. Objective: to analyze the impact of the sustained viral response (SVR) on the glucose metabolism in patients with HCV, before and after 12 weeks of treatment with direct acting antivirals (DAA).

Methods: 207 HCV patients attended at the Outpatient Clinic for Viral Hepatitis of the Hospital de Clínicas de Porto Alegre, from October 2015 to December 2018, participated in the study. Participants who obtained SVR and had data on glucose metabolism (fasting glucose and/or HbA1c) were included before and after the treatment.

Results: Of the 207 participants, 52% (107) were women. Type 2 diabetics (DMT2) and pre-diabetics had a higher frequency of comorbidities and polypharmacy, compared to the normoglycemic ones. Regarding blood glucose classification, 98 (47%) were normoglycemic, 58 (28%) pre-diabetic and 51 (25%) diabetics at the beginning of treatment. After the treatment, 17/98 (17.3%) normoglycemic patients came to be pre-diabetic and none were diagnosed with T2DM. Among the pre-diabetics, 11/58 (18.9%) went to DMT2 and 29/58 (50%) returned to being normoglycemic. As for pre-treatment DMT2 patients, 12/51 (23.5%) returned to pre-diabetes, while 3/51 (5.9%) became normoglycemic.

Conclusion: Most patients who achieve SVR after treatment with DAA show improvement or stability of the glycemic parameters, including among those already diagnosed with DMT2. However, a subgroup shows worsening of glucose metabolism, including progression to diabetes.

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P-4 ALBUMIN LEVELS HAVE STRONGASSOCIATION WITH MORTALITY IN COVID-19 INFECTED PATIENS

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Introduction: To optimize hospital management of COVID-19 patients it is important to have parameters that allow us to identify patient with an increased risk of death. Although hypoalbuminemia has been related with severity in COVID-19, there is no agreement of the albumin cutoff points with a potential clinical use. Additionally, a measure of strength of the association between albumin levels and mortality has not been reported.

Therefore, the aim of this study is to evaluate if Child Pug albumin categories are associated with mortality and obtain the strength of the association.

Methods: Patients admitted to hospitalization with a positive SARS CoV 2 PCR from 4 April to 24 June 2020 were analyzed. Three groups were formed based on Child-Pugh albumin categories. Death frequency were compared between groups and statistical significance of the difference were assessed using a Xi^2 test, strength of association between albumin levels and death was evaluated with a Kendall's Tau B test.

Results: A total of 348 patients were studied, age was 54.4 ± 14.7 years, 250 (71.8%) were male and 182 patients died (52%). Association of Albumin level and Death is presented **Table 1,** Kendall Tau B shows that knowing albumin level improves in 32% the prediction of death and since it has a negative coefficient at a lower level of albumin, risk of death increase.

Table 1
Association of albumin levels with death

N = 348	Total n	Alive (n=166) n (%)	Death (n=182) n (%)	*P-value*
Albumina				
Normal >3.5 g/dL	106	77 (72)	29 (27)	<0.001*
MH 3.5-2.8 g/dL	157	66 (42)	91 (57)	
SH <2.8 g/dL	85	23 (27)	62 (72)	

MH: Mild hypoalbuminemia; SH: Severe hypoalbuminemia
*Obtained with Xi^2 test, Kendall's Tau-B = - 0.32 ASE = 0.046.

Conclusions: Kendall's Tau-B shows a strong association between Child-Pug albumin categories and death, so is possible it's use in clinical decisions as a marker of severity.

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P-5 HEPATITIS E VIRUS INFECTION INCREASES THE RISK OF DIABETES AND MORTALITY IN HCV infected patients

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Background: Co-infection with hepatitis A or B viruses may aggravate liver injury in hepatitis C virus (HCV) infected patients. However, few studies have assessed hepatitis E virus (HEV) and HCV coinfection.

Aim: Our goal was to assess the prevalence and impact of HEV infection among Brazilian patients with chronic hepatitis C virus.

Methods: This cross-sectional study included adult patients with chronic HCV infection, naïve to antiviral therapy. Prospectively and consecutively recruited from January 2013 to March 2016. 181 patients were enrolled and HEV serology and PCR were performed for all patients.

Results: Seropositivity for anti-HEV IgG was detected in 22 (12.0%) and for anti-HEV IgM in 3 (1.6%) patients. HEV RNA was inconclusive in 9 (4.9%) and undetectable in the remaining cases. HEV serology positive cases had more severe liver disease, characterized by liver fibrosis ≥3 vs ≤2 (p<0.001), APRI (≥1.45) (p=0.003) and FIB-4 (≥3.25) (p=0.001), respectively. Additionally, the odds of diabetes mellitus for HEV positive patients was 3.11 (95%CI 0.99-9.97) times the corresponding odds for HEV negative patients. Furthermore, HEV positive patients had significantly lower survival when compared to their HEV-negative counterparts (p=0.0016 for death and p=0.0067 for death or transplantation endpoint).

Conclusions: Although seroprevalence of HEV was low, this infection may influence the severity of liver disease and may represent an additional risk for developing diabetes mellitus in HCV patients.

Key-words: Hepatitis E, Chronic hepatitis C, Diabetes mellitus, Liver fibrosis, Cirrhosis, Seroprevalence

Table 1
Demographic, clinical, and laboratorial exams characteristics of subjects with anti-HEV positive and negative antibodies.

	HCV group		HEV-HCV group		
Variable	n/total	mean±SD[‡] or %	n/total	mean±SD[‡] or %	*P* value
Age (years)	157	52.5±12.9	24	57.0±10.4	0.070
Male	73/157	47%	9/24	38%	0.546
Weight (kg)	150	71.8±15.3	23	73.4±23.3	0.757
Height (cm)	148	164.5±9.9	23	161.2±12.7	0.243
BMI[a] (kg/m^2)	148	28.5±5.1	23	27.9±6.8	0.343
Arterial hypertension	68/151	45%	13/23	57%	0.421
Diabetes mellitus	32/151	21%	12/23	52%	0.003*

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P-6 SOFOSBUVIR CONTAINING REGIMENS ARE SAFE AND EFFECTIVE IN ADOLESCENTS WITH CHRONIC HEPATITIS C INFECTION

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Background: HCV-specific DAAs have transformed treatment of chronic HCV, but few studies have evaluated these therapies in children.

Methods: Patients aged 12–17 years old with chronic GT1 HCV were enrolled into an open-label study to receive 12 weeks of LDV/SOF 90 mg/400 mg once daily, and those with HCV GT2 or GT3 to receive SOF (400 mg once daily) + RBV (15 mg/kg/day) for 12 (GT2) or 24 weeks (GT3), respectively. Primary efficacy endpoint was SVR12. Safety was assessed by adverse events and clinical/laboratory data. Pharmacokinetic (PK) sampling was conducted to confirm the appropriateness of the doses.

Results: 150 adolescents (100 GT1, 13 GT2 and 37 GT3) were enrolled and treated. The majority were female (56%), white (90%), treatment naive (81%), and vertically infected (80%). The mean age was 15 years (range 12–17). LDV, SOF and GS-331007 (primary metabolite) exposures were within the range of adult exposures observed in the SOF and LDV/SOF phase 2/3 studies. The SVR12 rate was 98% in GT1, 100% in GT2 and 97% in GT3; all 3 patients who were considered not to have achieved SVR12 were lost to follow-up. No adverse event (AE) leading to study drug discontinuation or serious AEs have been reported.

Conclusion: In adolescents, LDV/SOF for 12 weeks and SOF + RBV for 12 or 24 weeks, resulted in a SVR12 rate of 97–100% with no virologic failures. These regimens were well tolerated, demonstrating their potential as an important treatment option for children with HCV infection.

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